land and other facilities. Would the hon. Minister consider setting up an equestrian sports centre in Jodhpur in Rajasthan? And then we can move accordingly.

SHRIMATI MARGARET ALVA: I am not really able to see the tie-up between high altitude centres in Simla and ...(*Interruptions*).

SHRI GHULAM RASOOL MATTO: Move on to Kashmir.

SHRIMATI MARGARET ALVA: But I would like to tell the hon. Member that if the facilities are all being provided by the Government of Rajasthan, we have no objection to developing the sport. But I would like to say that this sport is still a limited kind of sport in this country in particular areas. Because of the investment and because of the other expenditure involved ,it is still not a broad-based kind of sports activity. But if you are giving us all the facilities as you say, in Rajasthan, we are prepared to consider your proposal.

MR. CHAIRMAN: Let the proposal come. They will give full consideration, because they do want to develop that in India.

SHRI SANTOSH BAGRODIA: I would like to know from the hon. Minister, how many national sports complexes have been built so far and where? Is it also true that while the Government has created several structures to encourage sports, the right kind of staff in athletics are not available? Do the Government propose to invite foreign coaches to train them?

SHRIMATI MARGARET ALVA: That is the whole sports policy of the Government literally. I can mention that we have got at the moment six sports centres which have been developed. The first one which is existing since 1961 is at Patiala in Punjab. The second one is in Calcutta launched. In 1983. The south centre has come up at Bangalore, starting from 1975. The north-eastern centre launched in 1984, has come up at Imphal with a sub-centre at Guwahati. In the Western zone we have a centre at Gandhinagar in Gujarat a sub-centre at Aurangabad. Besides these, the high altitude centre at Shimla was planned. The winter sports complex is planned for Manali and Jammu and Kashmir. As far as the right type of people and foreign coaches are concerned, it really does not arise out of this. We can assure the hon. Member that we are looking out for the best people available in the country if and where we find those experts available. For instance, for winter sports we have had to get experts from outside to guide us on such facilities. Wherever necessary, we are having experts from abroad to guide us and help us in setting up the right facilities.

MR. CHAIRMAN: Next question: 423.

Criterion for identification of drugs under National Health Programmes

*423. SHRI JASWANT SINGH:†
SHRI JAGESH DESAI:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to refer to the answer to Unstarred Question 1999 given in the Rajya Sabha on the 10th August, 1988 and state:

(a) whether it is a fact that as per the policy decision his Ministry was required to idnetify all the drugs required for National Health Programmes;

(b) whether a list covering around 100 bulk drugs, was even drawn up and sent to Department of Chemicals for the purpose;

(c) when the Department of Chemicals had suggested the criterion that drugs procured and distributed for National Health Programmes be listed in category-I; and

(d) the basis on which his Ministry started identifying the drugs for the National Health Programmes?

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†The question was actually asked on the floor of the House by Shri Jaswant Singh.

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROJ KHAPARDE): (a) Yes, Sir.

(b) No, Sir.

(c) The Department of Chemical and Petrochemicals had suggested that drugs procured and distributed for National Health Programme should be included in Category I *vide* their letter dated 26.5.1987.

(d) The basis of identification was decided in consultation with the Department of Chemicals and Petrochemicals.

SHRI JASWANT SINGH: Mr. Chairman, Sir, there are two aspects involved here. One is the identification of the diseases under the National Health Programme and the other is the identification of the drugs and the consequent price control of the selected drugs. The National Health Programme, as such announced by the Government, I believe, some time in December, 1986; identified 13 diseases or 14 programmes. Accordingly, the Ministry of Health is reported to have recommended a list of some drugs. How is it that by the time this programme went through its bureaucratic rounds in the Ministries of chemicals, industry, etc. these 13 programmes were reduce to 6? And the corresponding drugs were reduced, I believe, to something like 26 only. Therefore, Sir, I would seek two clarification here. How many programmes out of the identified 14 have been covered by the drugs recommended by the Ministry of Chemicals? Secondly, why have all the programmes included under the National Health Programme not been included? It it that those that have been excluded, the country is rid of those diseases or is it a change in the Government's announced policy on the subject?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI MOTI LAL VORA): Sir, as the hon Member has stated, out of 11 national programmes, we have included six and they are: National Malaria Eradication Programme, National TB Control Programme, National Filaria Control Programme, National Programme for Prevention of Visual Impairment and Control of Blindness, Diarrhoeal diseases Control Programme, and the National Leprosy Eradication Programme. This has been done in consultation with the Department of Chemical and Petrochemicals and all these 26 drugs have been arrived at. As far as the other national programmes are concerned, suggestion have been received by us, and we are thinking of having an expert committee to enquire into all these things. And we will include those drugs suggestion about which have been received so far, after due examination because the suggestions have been received from a number of persons and from a number of hon. Members also.

SHRI JASWANT SINGH: सभापति जी मुझे पहले सवाल पर ही दिक्कत खड़ी हो गई है। यहां बहुत मतभेद है, बहुत मतभेद यहां लगता है क्योंकि . . .

Sir, the hon. Minister has stated that only 11 programmes are there.

SHRI MOTI LAL VORA: Yes.

SHRI JASWANT SINGH: My purpose is not to cross-question the hon. Minister. But, I think, there is a very substantial-difference here because the Minister of State in the Ministry of Health, in reply to Unstarred Question No. 1122 of 29th April, 1987, has idnetified 13 programmes. यहां बड़ी दिक्कत हो रही है माननीय सभापति जी, क्योंकि इस एक ही मंत्रालय ने 13 प्रोग्राम आइडेंटीफाई किए है और मंत्री जी कह रहे हैं 11, 13 नहीं हैं। तो पहले इस बात की सफाई हो जाय, निवारण अगर इसका हो तो आगे फिर चलें क्योंकि 13 के 6 कर दिए। क्यों किए, अब शुरू में ही 11 थे ? यह तो सफाई बाकी है . . . . (व्यवधान) . . . . तो पहले तो यह हम पता करलें कि 11 प्रोग्राम हैं या 13 प्रोग्राम है ?

SHRI JAGESH DESAI: There is a total confusion.

डा० (श्रीमती) नाजमा हेपतुल्ला: शायद वह बीमारी पूरी हो गई होगी ... (व्यवधान)

श्री मोती लाल वोरा : सभापति महोदय, कुछ जो हमारे राष्ट्रीय कार्यक्रम है नेशनल प्रोग्राम के, उसमें उन दवाइयों की आवश्यकता नहीं पड़ती है। जैसे मैं माननीय सदस्य को बताऊं कि वेकसीन की आवश्यकता नहीं है, आइडायस्ड साल्ट की आवश्यकता नहीं है, फेमिली वेलफेयर प्रोग्राम जो है, उसमें किसी प्रकार की मैडीसिन की आवश्यकता नहीं है। इसलिए यह जो 14 थे, 11 रह गए और 11 में से 6 कार्यक्रमों को हमने इसमें लिया है। इन 6 कार्यक्रमों के अन्तर्गत 26 दवाइयों के बारे में निर्णय हुआ है ... (व्यवधान) ...

SHRI JAGESH DESAI: They should have give a clear answer.

श्री मोती लाल वोरा : माननीय सभापति जी, केटेगरी वन में यह 26 ड्रग ले ली गई है यह प्रश्न कहीं नहीं उठता है कि हमारे जो 14 कार्यक्रम थे उसमें कोई प्रोग्राम छोड़ दिए है, प्रोग्राम नहीं छोड़े। उसमें जिन दवइयों की आवश्यकता होती उन को शामिल किया है ताकि प्राइस कंट्रोल के अंतर्गत इन कार्यक्रमों को लागू करने के लिए लोगों को दवाइयां आसानी से मिल सकें।

श्री जसवन्त सिंह : सभापति जी, बहुत दिक्कत हो रही है। अभी तो हम बैसिक बात एस्टेब्लिश नहीं कर पाए हैं। मंत्री जी कह रहे हैं कि नेशनल हैल्थ प्रोग्राम का क्रायटेरिया दवाइयां बन गयी हैं बीमारी नहीं। That is the implication of what he says.

श्री सभापति : वहां उन कैमिकल्स की जरूरत नहीं है।

श्री जसवंत सिंह : आप मेरी अर्ज सुन लीजिए। इस में बहुत बुनियादी बात आ खड़ी हुई है। यहां नेशनल हैल्थ प्रोग्राम के तहत इसी सरकार के जवाब में 14 प्रोग्राम्स की सूची दी गई है। ये हैं-मलेरिया लैप्रासी, ट्यूबरक्लोसिस ब्लाइंडनेस गायटर, डायरिया, फैलेरिया, संक्रमणली ट्रांसमिटेड डिसीसीज, एड्स, डायबिटीज, मेंटल हैल्थ, एम्युनाइजेशन मैटरनल एंड चाइल्ड हैल्थ प्रोग्राम। ये 14 की सूची सरकार ने दी है। अब मंत्री जी कह रहे हैं कि हम हैल्थ ले नहीं पा रहे हैं, दवाइयों से जा रहे हे, इसलिए 14 को घटाकर हम ने 11 कर दिया है। इसलिए पहले यह जरूरी है कि यह बात साफ हो, फिर आगे चलें।

श्री मोती लाल वोरा : माननीय सभापति महोदय, माननीय विद्वान सदस्य ने बहुत ही अच्छी बात कही है। मैं माननीय सदस्य को बतलाना चाहूंगा कि एड्स के लिए कोई दवा आज हमारे पास नहीं है, कोई जानकारी नहीं है। गायटर के लिए आयोडाइज्ड साल्ट की आवश्यकता है। इस प्रकार ये तीन कार्यक्रम हम ने छोड़े नहीं है। यह नेशनल प्रोग्राम्स हैं, इन को छोड़ा नहीं है, लेकिन जिन दवाइयों की आवश्यकता प्राइस कंट्रोल के अन्तर्गत होनी चाहिए उनको राष्ट्रीय कार्यक्रम में शामिल किया है। इस में कोई चिंता की बात नहीं है। हम ने इन 6 कार्यक्रमों को इस में लिया है।

SHRI JASWANT SINGH: Sir, I remain dissatisfied. Sir, I remain dissatisfied with the reply of the hon. Minister.

श्री सभापति : आप का सवाल हो तो गया। अब तो तीसरा चल रहा है।

श्री जसवंत सिंह : सभापति जी, यह तो पहले की सफाई चल रही है। Sir, there are two aspects of it, the health programme, diseases and the price control of related drugs. I remain dissatisfied about the aspect of diseases and the national health programme. However, so far as the identification of drugs

is concerned, now, Sir, in categorisation of drugs as category I drugs, that has an in-built price mechanism in it. The less the number of such drugs in Category I, the more, correspondingly is the number of items for free sale. Therefore, naturally the profits of drug companies go up and unfortunately, and objectionably, more the cost to the patient and to the sick. Therefore, I would like to know from the hon. Minister what was the total number of drugs, because that is the criteria by which the Minister is now judging the national health programme, what was the total number of drugs recommended by his Ministry for inclusion in the national health programme, what was the number accepted by the Ministry of Chemicals, why this discrepancy, who is responsible for the administration of the national health programme, the Ministry of Health, or the Ministry of Chemicals.

MR. CHAIRMAN: That you know.

SHRI MOTI LAL VORA: Sir, with due respect I would like to say that in consultation with the Ministry of Chemicals and Petro-Chemicals, we arrived at 26 medicines for price control. There were suggestions from our Ministry to the Ministry of Petro-Chemicals and Chemicals. There were sixty medicines which we suggested earlier, but when we had discussion with them then we arrived at a list of 26 drugs only. As I have said earlier, we are having an expert committee also because we have received a number of suggestions to include a number of medicines also in Category I. Since a number of suggestions have been received, we are having an expert committee so that they will examine all these things and if any drugs are to be included in Category I, we will do it after that.

SHRI JAGESH DESAI: The Minister of State for Chemicals in answer to Unstarred Question No. 37 stated that all the drugs required for National Health Programme would come under category I and he made it very clear. I would like to know from the hon. Minister whether the Minister of Health had sent a list of all the drugs which are required for National Health Programme and whether that was accepted by the Ministry of Chemicals to be included in category I for price control. (b) Whether vitamin-A which is required for prevention of blindness has been included or not. I want a specific answer.

SHRI MOTI LAL VORA: As I have already said, in the National Health Programme, we have taken all these 26 drugs. We submitted a list of 60 as I have informed Jaswant Singhji. After discussion with the Minister of Chemicals and Petro-chemicals, we arrived at 26. As I said, we will be having an expert committee. The expert committee will examine all these things again and if some more drugs are required to be included, we will discuss it and get those drugs also included.

The hon. Member asked about vitamin-A. That has been included.

DR. (SHRIMATI) NAJMA HEPTULLA: जसवन्त सिंह जी ने पहले हा 3 थोड़ी देर बाद बोले 11, फिर बोले 14 तो

I am really confused whether it is 11 or 13 or 14. Jaswant Singhji was insisting on the number 13; then he went on to 14. I was wondering how one more programme is added from the opposition side.

I wanted to ask whether the Government has made an enquiry about the drugs which are very essential to cure tubercolosis. These drugs are not available in the health centres and in the health scheme programme. Have they made an enquiry about it, because this is the report that we have received that medicine for tuberculosis is not available.

MR. CHAIRMAN: Which is that medicine? You name it.

SHRI N. K. P. SALVE: It is streptomycin.

डा० (श्रीमति) नाजमा हेपतुल्ला टी० बी० को दवा मिल रही है या नहीं मिल रही है ?

श्री भाषति : नाम क्या है उसका ?

डा. (श्रीमति) नाजमा हेपतुल्ला : नाम तो मंत्री जी को मालूम होगा ।

श्री मोतीलाल वोरा : माननीय सभापति महोदय माननीय सदस्य ने जो प्रश्न पूछा है कि तपेदिक की बीमारी के लिए कौन-कौन सी दवाओं की आवश्यकता होती है और वे दवाएं क्या प्राइस कंट्रोल आर्डर, जो हमने तय की है, पर उपलब्ध है या नहीं । 7 प्रकार की दवाएं उनमें उपयोग में आती है । अगर माननीय सदस्य चाहती है तो मैं सातों के नाम पढ़कर बता देता हूं लेकिन अगर वह इसकी जानकारी दें कि कौन सी दवा उपलब्ध नहीं है, तो ज्यादा अच्छी हो और हम उसकी व्यवस्था करा दें ।

DR. (SHRIMATI) SAROJINI MAHISHI: Sir, the National Health Programme projects are going on being added to the original programme. Earlier, there must have been 11; later on one was added; again another programme was added; ultimately, mental health scheme was also added in the National Health Programme. I would like to know why no action has been taken to control medicines which are necessary for many of these diseases included in the National Health Programme. Only 8 of them were accepted; then one more was added. But only six medicines were brought under control. The Health Minister recommended more than 60, as he himself said; but only 26 were accepted. I would like to know how medicines recommended by Health Ministry were decontrolled later, on the advice of or in consultation with Department of Chemicals. What is the fate of those drugs? By what percentage the price of titanus has risen? Anti-toxin has risen by 250 per cent because it is decontrolled; vitamin price rose by 150 per cent; iron tablets price rose by 102 per cent because of decontrol. Once it is put under category I by the Health Ministry and brought under price control and again it is decontrolled, naturally the price will rise sky-high. It has gone up to even 300 per cent in certain cases. What is being done to check the rise in the prices of these drugs? I would also like to know from the Minister specifically whether in these six or fourteen—whatever is the number—programmes they have taken up the last one is the mental health programme. What is the Government doing to control the prices of drugs necessary for this programme? But I do not know whether the Government consider the mental health programme inferior to the other physical health programmes. I would also like to know how the Government are going to ensure the availability of and proper prices for these drugs which have been decontrolled after being included in the list of controlled drugs.

SHRI MOTI LAL VORA: I would like to mention the eleven National Health Programmes. (1) National Malaria Eradication Programme. (2) National TB Control Programme. (3) National Filaria Control Programme (4) National Programme for Prevention of Visual Impairment and Control of Blindness. (5) Diarrhoeal Diseases Control Programme. (6) National Goitre Control Programme. (7) STD Control Programme. (8) Universal Programme of Immunisation. (9) National AIDS Prevention Programme. (10) National Leprosy Eradiction Programme. (11) National Family Welfare Programme including Mother and Child Health. Mental Health Scheme is not included in this. I donot know how she has come to the conclusion that it is included in this. These are eleven National Programmes. (*Interruptions*)

DR. (SHRIMATI) SAROJINI MAHISHI: Sir, the hon. Minister has not answered my question. (*Interruptions*)

DR. G. VIJAYA MOHAN REDDY: The prices of these drugs have gone beyond the reach of the common man. (*Interruptions*)

SHRI VISHVAJIT P. SINGH: Sir, we want an Half-an-hour Discussion on this. (*Interruptions*).

SHRI ANAND SHARMA: Sir, I support it. There should be an Half-an-hour Discussion (*Interruptions*)

MR. CHAIRMAN: Mr. Salve. (*Interruptions*)

आप ऐसी भी दवा के लिए विचार कर रहे हैं कि जिससे कि यहां जो लोगों का टेंपो ऊंचा चला जाता है, उसे रोका जा सके ? (व्यवधान)

श्री मोती लाल वोरा : इस पर भी सरकार विचार करेगी - . . . (व्यवधान)

SHRI N. K. P. SALVE: Sir, the question relates to..(*Interruptions*)

SHRI DIPEN GHOSH: Sir, Dr. Sarojini Mahishis question has not been answered. (*Interruptions*).

DR. (SHRIMATI) SAROJINI MAHISHI: Sir, let us not stand on any prestige. (*Interruptions*)

MR. CHAIRMAN: He has answered your question. (*Interruptions*)

DR. (SHRIMATI) SAROJINI MAHISHI: I have asked about the enormous increase in the prices of various drugs after they have been decontrolled. (*Interruptiions*)

SHRI N. K. P. SALVE: Sir, the question relates to the identification of drugs which are required for the National Health Programmes. Identification is one aspect of the matter. But what is more important is the continuous and adequate availability at reasonable prices. Unfortunately, in this country, the conscience of the drug manufacturers is hopelessly drugged and, therefore, drugs miraculously appear and disappear. This morning, a friend of mine rang desparately from Nagpur for a drug which is required for controlling high blood pressure. The drug has disappeared from Nagpur and it is available in Delhi. Now, I have to buy it and send it by courier which will mean another Rs. 100/-. May I, therefore, know from the hon. Minister; firstly, is there any mechanism in the Ministry by which they can monitor and ensure that racketeering is not carried on in the supply of such drugs? Secondly following Dr. Najma Heptulla, I am not remembering the name of the drug—what are the drugs for control of high blood pressure and will he ensure that they are available at Nagpur?

DR. (SHRIMATI) NAJMA HEPTULLA: I am not a medical doctor, Sir.

श्री सभापति : जब सेशन होता है न तो हाईब्लड प्रेशर की दवाओं की यहां, ज्यादा जरूरत पड़ जाती है ।

. . . . . (व्यवधान) वह दवा हमको भी दे दीजिए ।

SHRI MOTI LAL VOHRA: Sir, in regard to what Salveji has said, we do not monitor prices of these drugs. Generally, they are being monitored by Department of Chemicals and Petro-chemicals. Since he says that some medicines are available here but not in Nagpur, I will speak to hon. Salveji...

SHRI N. K. P. SALVE: The Law Minister gives me the names of medicines as Indral, Betacard and Edinol. I hope these names are trustworthy.

MR. CHAIRMAN: He will see that they are available in Nagpur.

SHRI MOTI LAL VOHRA: I will see that they are made available in Nagpur also.

MR. CHAIRMAN: See that there is no scarcity in Delhi when the session is there.

SHRI MOTI LAL VOHRA: The hon. Member has said that they are available in Delhi.

श्री मोर्जा ईर्शाद बग : यह तो ऐसे हुआ कि "मर्ज बढ़ता गया ज्यों-ज्यों दवा की "।

डा० बापू कालदाते : लोगों ने "ठीक से सुना नहीं है ।

SHRIMATI RENUKA CHOWDHURY: I want to elaborate on the question which was put by Mr. Desai. (*Interruptions*).

MR. CHAIRMAN: Put your question.

श्रीमती रेणुका चौधरी : क्या जी ?

श्री सभापति : आप सवाल पूछिय :

श्रीमती रेणुका चौधरी : सवाल पूछने से क्या फायदा है जब जवाब मिलता ही नहीं है ।

MR. CHAIRMAN: Next question.

श्री रजनी रंजन साहू : मैंने एक सप्लीमेंट्री के लिए सब से पहले अनुरोध किया था । वह बड़ा आवश्यक सवाल था । आप उसे पूछने की मुझको अनुमति दे दें ।

MR. CHAIRMAN: Mr. Sahu, you know it does not depend upon who raises his hand first (*Interruptions*). No, no. You are a drug addict, I know (*Interruptions*). No, no I did not mean anything like that. Please if you take it in that light, I completely apologise to you, apologise unconditionally. You are not a drug addict. What I mean is that you ask more questions about drugs. (*Interruptions*). I do not mean that at all. If you like I can send a line to apologise, I did not mean that.

SHRIMATI RENUKA CHOWDHURY: This is just an elaboration of what my colleague had asked. Under the national health programme which includes control of blindness also. I find that the categorisation of drugs as category one has been done unsatisfactorily. For example low price and low turnover drugs are controlled and high profits. Take the example of vitamin-A which is exclusively needed for control of blindness but under this programme, this drug has been excluded. Similarly, a number of antibiotics which have more sales turnover and prescribed by eye hospitals have been excluded whereas only two antibiotics i.e. tetracycline and hydrocortisone have been recommended for inclusion. I will give some more examples of drugs such as resteclin, alcyclin, hydrocortisone, terramycin.

MR. CHAIRMAN: Drug price control is not included in this Ministry at all.

SHRIMATI RENUKA CHOWDHURY: Drugs used for ophthalmic formulations have been excluded whereas the drugs which have nominal sale have been recommended for price control. Why this been done? What criteria was applied? Is it to benefit the patients or the drug companies?

सवाल तो यह है लेकिन आप पूछने नहीं दे रहे हैं ।

श्री सभापति : आपसे यह कह रहा हूं कि आप गौर फर्माये कि ड्रग कंट्रोल और प्राइस कंट्रोल इस बजारत में नहीं आते, दूसरे मंत्रालय के अन्तर्गत आते हैं ।

श्रीमती रेणूका चौधरी : सवाल मैं यह पूछ रही हूं the drugs which come under the National Health Programme for eradication of blindness.

श्री सभापति : वह को-रिलेटिड हो सकते हैं ।

श्रीमती रेणूका चौधरी : या तो मैं अंधी हूं या मंत्री महोदय अंधे है । ...(**व्यवधान**)

श्री मोती लाल वोरा : माननीय सभापति जी, मैं माननीय सदस्य को अंधा नहीं मानता हूं । न वह अंधी हैं और न मैं अंधा हूं । मैं उन्हें बराबर देख रहा हूं । वह काफी सुन्दर है यह मैं अपनी आंखों से देख रहा हूं इसलिए न मैं अंधा हूं और न वह अंधी ।

श्री सभापति : उनको एतराज यह है कि आपकी नजरे बायें और दायें और पीछे ही जा रही है ।

SHRIMATI RENUKA CHOWDHURY: He is blind to all the facts.

श्री मोती लाल वोरा : मैंने तो न बायें देखा और न पीछे देखा । मैं तो केवल माननीय सदस्या को ही बराबर देख रहा हूं ।

श्रीमती रेणूका चौधरी : इनको विटामिन "ए" की जरूरत है ।